DOCUMENT RESUME

ED 274 090 EA 018 854

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TITLE Peer Clinical Supervision as 'Empowerment' versus 'Delivery of a Service'.
PUB DATE Apr 86
NOTE 25p.; Paper presented at the Annual Meeting of the American Educational Research Association (67th, San Francisco, CA, April 16-20, 1986).
PUB TYPE Information Analyses (070) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Peer Evaluation; Peer Relationship; Power Structure; Professional Autonomy; Teacher Administrator Relationship; *Teacher Supervision; Theory Practice Relationship
IDENTIFIERS *Clinical Supervision; Collegiality; *Peer Supervision

ABSTRACT

Properly construed, clinical supervision in education involves a true, collaborative collegiality among teachers in place of the traditional power relationship between teachers and dominant, "expert," administrator-level supervisors. By eliminating the power of the nonteaching supervisor to prescribe procedures for improving teaching, clinical supervision places responsibility and authority for instructional improvement in the hands of the practicing teacher. This transfer of power also results in a shift away from reliance on outside, nonteaching experts for improvement strategies and toward reliance on teachers' collaborative analysis of what is successful in their own practice. Thus empowered, teachers can no longer blame others for the failure of improvements that they themselves may not have implemented effectively. Instead, they are impelled to move beyond rote behavior to a full analysis of their own methods, a conceptualization of the reasons that those methods work or fail to work, and an effort to develop or find techniques for enhancing their own instructional processes. Implementing processes like clinical supervision may encourage development of the democratic conditions under which such processes might best thrive. Forty-nine references are cited. (PGD)

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Peer Clinical Supervision as 'Empowerment' Versus 'Delivery of a Service'

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Paper presented to the annual meeting of the American Educational Research Association, San Francisco, April 1986

Peer Clinical Supervision as Empowerment Versus Delivery of a Service

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Introduction

In this paper I do not intend to argue the case of whether teachers can infact use clinical supervision as a form of in-school collaborative inquiry into each other's teaching, or whether conditions in school communities militate against such a fine ideal. To pursue that line is to become enmeshed in a relativist argument about whether any kind of change is possible at all in schools. Of course, as long as things stay the same, change is not possible - that much is self-evident! I don't want to give the misleading impression of being unconcerned about the "practicalities" of peer clinical supervision - I am! Others (Goldsberry, 1980; Little, 1982; Little, 1985; Robinson, 1984; Smyth, Henry & Martin, 1982; Smyth & Henry, 1985) have canvassed the evidence of the 'lived experiences' of teachers who have been able to work in these ways, having due regard to the way teachers are introduced to the ideas and assisted to sustain them in practice. My concern is somewhat more oblique than that of merely piling up the data for and against the notion of peer clinical supervision. I want to make the provocative proposal that where clinical supervision is construed in other than peer-related terms, it is not clinical supervision, but some kind of look-a-like. Where teachers are kept in positions of isolation, ignorance, dependence and subservience and prevented from acquiring control over their

own teaching and penetrating their professional development, then they are not engaging in clinical supervision (at least as I understand Goldhammer & Cogan to have portrayed it).

I want to argue that where teachers are prevented from examining their teaching and their role in its formulation and enactment, there are grave questions as to whose interests are being served - those of children and teachers, or others outside of schools. Denied the opportunity of continually questioning the veracity and efficacy of what they do, and being unable to penetrate the habitualness and taken-for-grantedness of school practices (Rudduck, 1984), teachers are in danger of being co-opted by forces they neither understand nor control.

One of the few possibilities acknowledging respect for and development of 'teacher autonomy' is clinical supervision (Goldhammer, 1969; Cogan, 1973), but then, only when teachers themselves exercise ownership and control. This is an issue I return to in detail later in the paper; but first, some of the more general issues.

Much of the reported literature and research on clinical supervision has continually emphasised the collaborative and collegial aspects, albeit within the traditional supervisory framework of teaching being 'supervised' by a more experienced non-teaching colleague. I have reservations about this particular interpretation of what collegiality means (Smyth, 1984a). While hierarchical status on its own is obviously not a hallmark of repression and does not necessarily signify the existence of an exploitative relationship, nevertheless the possibility exists for one party to oppress and disenfranchise the other. Use of unbridled power by those in ascendant and dominant positions to legitimate their interests, is hardly consistent with the essence of collegiality and collaboration. While not suggesting that clinical supervision is necessarily used in this way as some kind of sophisticated teacher surveillance technique (Snyder, 1981), we need to be

consistently on guard to the possibility that this might occur. For me, collegiality and teacher autonomy refer to the genuinely non-threatening state of mind that exists between teachers who are prepared to assist each other in arriving at a joint understanding of their own and ech others' teachers; in other words, the development of a shared framework of meaning about teaching (Smyth, 1983).

The rhetoric of clinical supervision is compelling enough, couched as it is in terms of the 'improvement of teaching' through collaborative consultation, observation, analysis and feedback. Terms like 'mutual trust', 'collegiality' and 'teacher autonomy' are seductive nomenclature. The language can often mask the fact that actions are inconsistent with the ideals. The contradiction becomes apparent enough when we preach collegiality, collaboration and teacher autonomy, while imposing clinical supervision upon teachers. Using clinical supervision, however benevolently, as a method by which a person of superior status is able to diagnose and suggest remedies in the teaching of a subordinate, also exposes a contradiction not always apparent between what we espouse and what we do (Smyth, 1985). It is in the translation into practice that many of the liberating ideals of clinical supervision become twisted and tarnished to the point of domestication. By that I mean, schools adopting the 'public face' of clinical supervision by acknowledging the empowerment and teacher autonomy rhetoric, but 'in private' using the process as a not-so-subtle way of co-opting teachers into 'lifting their game' and keeping them in their subservient and conservative places.

A Liberating Ideal

Much has happened educationally since Robert Goldhammer (1969) and his associates at Harvard University in the 1950's made their first strident moves to free supervision from its "watchdog origins". While fads like

teacher-proof curricula, child-centred learning, indirect teaching, co-operative learning, and the like, have come and gone, the spirit of clinical supervision is still alive despite recent efforts (Hunter, 1984) to mischieviously misconstrue it. What Goldhammer and company were searching for thirty years ago was a way in which teachers could work collaboratively with each other (and with outsiders) that acknowledged the dignity and human worth of teachers.

They came up with a framework that actually permited that to happen. The early clinical supervision advocates articulated a notion of teacher professionalism that had as its centre-piece investing control of pedagogical matters in the hands of teachers - it was to be teachers who would determine whether they became involved, with whom, when, how often, as well as what would be observed in their teaching and what was considered feasible and practicable to change.

The use of 'supervision' in this context is, therefore, probably something of a misnomer. Given its non-evaluative and formative intent it is perhaps more aptly described as a form of 'colleague consultation' (Goldsberry, 1980) employing the rationale and stages of the Cogan/Goldhammer cycle. Teacher autonomy, therefore, means teachers having the unrestrained opportunity of selecting the partner they wish to work with, as well as the issues to be explored. Forcing the process upon teachers, or by selecting the colleague they must work with, or the object of observation, undermines the basis of the collaborative relationship central to this mode of analysing teaching. If the collegial relationship is to mean what it says, there must be as well an overt demonstration of reciprocity between the participants, with the teaching of each being observed by the other. Colleagiality in action embodied in these terms means a preparedness to have done to you, what you would do to another.

All of what I have said so far represents a dramatic departure from other practices in supervision where certain categories of teachers are "targetted" for treatment - the in experienced, the weak or the incompetent. As Withall and Wood (1979) put it:

> (Supervision) connotes a situation that is unpleasant, possesses psychological threat, and typically culminates in unrewarding consequences ... (T)here are factors which encourage those undergoing supervision to see the activity with a worried, if not fearful eye. One is the manner in which supervisors have tended to project an image of superiority and omniscience in identifying the strengths and weaknesses of a teacher's performance and in offering advice concerning how to improve future performance (p.55).

In the language of the 'helping professions', traditional forms of supervision are conceptualised as a 'delivery of a service' to those who need it. In Fried's (1980b) words:

> ... we find one rank of people (service deliverers) who have been trained and hired to treat the rest. They diagnose our problems, assess our needs, and then provide us with anything from a prescription to an entire program in order to fix what's lacking, or leaking, in us (p.4).

The problem with this deficit approach is that instead of generating independence in action, it exploits those in need by perpetuating their dependency and inequality (Fried, 1980a). In these circumstances it is not the teachers' agendas, issues and concerns that are being addressed, but rather those of someone within the administrative or bureaucratic hierarchy. There is no sense of mutual sharing and exchanging of ideas - it is a process of handing down knowledge by those who 'know' to those who 'don't'. As Fried (1980a) put it:

> People who have placed themselves on a 'superior level' just don't share with people who are 'one down' (p.30).

Even seemingly 'humaritarian' ways of dealing with people perceived as 'having problems' conceals an ideology that misrepresents the state of affairs. Summarizing Ryan (1971), Fried (1980b) put it in these words:

> Our current "enlightened' approach to those people afflicted by poverty, ignorance, and disease contrasts with the old-fashioned conservative ideologies" which "simply dismissed victims as inferior, genetically defective or morally unfit" ... [A]lthough "the new ideology" differs from the old-fashioned one "as to the causes of peoples' needs and problems, both agree that "the stigma, the defect, the fatal difference" which characterizes society's "victims" is "located within the victim", inside his skin (p.4).

What continues to remain unique about the ideal of clinical supervision, therefore, is that teachers are regarded as having thoughts, feelings and intuitions about their own teaching that are valued and important. Furthermore, the issues teachers regard as important actually become the basis of collaborative dialogue, observation, data collection and analysis, and planning about future changes. There is no sense in which the teacher is inferior and someone else the 'expert'. But as Cogan (1973) put it, fruitful outcomes are more likely where participants have different backgrounds:

> This relationship between teacher and [colleague] is maintained in force as long as they can work together productively as colleagues. It deteriorates significantly or ceases to exist when either assumes an ascendant role or is accorded an ascendant role by the other. This delicate balance in working together as equals does not imply that teacher and [colleague] have similar and equal professional competences. On the contrary, they commonly have dissimilar and unequal competences. This heterogeneity is nurtured in their association and constitutes one of its principal strengths. In clinical supervision the interaction of similar competences at equal levels is generally less productive than the interaction of unequal levels of competence and dissimilar competences. Such productive heterogeneity may be observed when the [colleague] ... competent in observation, the analysis of teaching, and the processes connected with the cycle of supervision, works with a teacher who is more competent in knowledge of the curriculum, his students, their learning characteristics and transient and persistent problems, and the school subsocieties to which they belong (p.68).

Cogan (1973) was mindful of the difficulties involved in getting a truly reciprocal collegial relationship like this working when he said:

> The role of colleague is not easily or casually assumed. One of the strongest tendencies in human beings in association is the tendency for some to pre-empt or need ascendant roles. Others assume or need non-ascendant roles (p.68).

A central issue in clinical supervision is, therefore, whether other teachers, or specially trained supervisory administrators, should enact the colleague role. This matter goes to the very heart of what clinical supervision purports to be about - namely, whether it is a process that empowers teachers to take charge of inquiring into their own teaching, and thus the direction of their own professional development, or whether it is a dependency-producing process for re-skilling teachers who have defects in their teaching. As I have expressed it elsewhere (Smyth, 1985):

> ... there is an important distinction that needs to be made between 'delivery of services' and 'empowerment'. Clinical supervision as a strategy by which a more experienced 'practitioner' (even a specialist) diagnoses weaknesses and recommends (however benevolently) corrective action, constitutes the delivery of a service and has all the associations of powerlessness that accompany such a state of mind. For example, there are the feelings of docility and subservience we usually find between the rich and the poor, the young and the old, those who have 'problems' and others who are 'trained' to assess their needs and prescribe remedies. What action of this kind does is reproduce and legitimate a false dichotomy between the 'deliverer' and the 'recipient' that fosters passivity and dependence. To my way of thinking, this approach needs replacing by a view that endorses and encourages teachers to take control of their own strivings. Processes like clinical supervision <u>have</u> the capacity to provide teachers with collegial and collaborative ways of critically and consciously confronting their own circumstances. Viewed as a form of empowerment, clinical supervision amounts to a way of transcending the technicalities of teaching, investing teachers with the capacity to explore, understand, and transform their thinking about both the means and the ends of teaching (p.8).

Fried (1980a) summed up the distinction I refer to when he said: "the process of empowerment involves a <u>sharing</u>, not a delivery, and that means reciprocity ..." (p.30). For him there is a mutual liberation, a reciprocity entailing a preparedness by the colleague to have his/her actions open to scrutiny and the possibility of change, as well. Empowerment, therefore becomes "... less a handing down of knowledge ... [and more of] a partnership, a mutual sharing of ideas, intuitions and experiences ... (Fried, 1980a, p.30).

At issue, really, is the question of 'control'. In the kind of participative process that clinical supervision is supposed to be, it is

teachers who are 'in control', rather than remaining 'in service' to ends formulated by others (Hargreaves, 1982, p.255). While 'empowerment' can involve using processes like clinical supervision where there are status, experiential and other differences between teaching colleagues prepared to enter into collaborative alliances, it also involves a 'critical' re-assessment of what is worth looking at in teaching. Empowering teachers to critically examine the circumstances of their teaching through clinical supervision is, therefore, inextricably linked to enabling them to establish communicative processes so as to see what they are doing, why, and with what effects. As Gitlin and Goldstein (nd) put it, such processes enable a critical questioning and reassessment of the relationship of teaching to the cultural and social patterns and institutions within which it exists:

> By such means, teachers begin to establish relations where change is based on mutual consideration of what makes a good teacher. This type of relation in turn challenges the legitimacy of hierarchies which enable particular groups to impose standards and dominate others (p.4).

Being 'critical' in the sense in which I use it here involves searching for ways of thinking and acting that "... illuminate the problematic character of the common-sense reality most of us take for granted" (Apple, 1974, p.3). It involves reaching an awareness of why we attach the meanings we do to reality, and as Mezirow (1981) put it, "... meanings ... [are] ... often misconstrued out of the uncritically assimilated half-truths of conventional wisdom and power relationships ... [that are] ... assumed as fixed" (p.11).

According to Sergiovanni (1976):

> We tend not to be aware of our assumptions, theories or aims and objectives. Sometimes we adopt components ... that belong to others, that seem right, that have the ring of fashionable rhetoric, or that coincide with the expectation of important others. We may adopt overtly a set of aims and objectives, but covertly or unknowingly we hang on to contradictory assumptions and theories (p.25).

Approaching teaching critically and acting in a reflexive way (Beasley, 1981) involves searching for meaning and patterns of thinking and acting,

normally taken for granted in acquiring, classifying and organising knowledge about ourselves and our institutional practices. Examining teaching in this way frees us intellectually from the domination of others and introduces into educational thought, discussion and action, moral and ethical considerations like 'justice' and 'equity'. Critical reflection opens up for consideration and dialogue the social consequences of what is being attempted in teaching. According to Zeichner and Teitelbaum (1982):

> teachers begin to identify connections between the level of the classroom (e.g. form and content of the curriculum, classroom social relations) and the wider educational, social, economic and political conditions that impinge upon and shape classroom practice (p.104).

Portraying Teaching Problematically

To be empowering, any form of teacher inquiry worth the name, must have a fundamental interest in what Stenhouse (1983) and Misgeld (1975) label "emancipation". This amounts to a freeing of teachers from a system of education that denies them the dignity and self-worth of the power to exercise professional judgement. It amounts to ensuring that knowledge derived through teachers' experiences of coping with classroom complexity, is used in productive and imaginative ways. Apple (1975) described emancipation as teachers transcending the stifling effects of "lawlike rules and patterns of action" so they can "reflect and act" on how they got to where they are, and of new ways of "creating and re-creating themselves and their institutions" (p.126).

When teachers approach clinical supervision as a way of surfacing, articulating, and sharing their own personal theories-in-use (Argyris & Schon, 1974) about what works for them in teaching and schooling, they are liberated from reliance upon externally-driven knowledge about teaching. Kohl (1983) claims teachers who intellectualise their work in this way are able to escape the irrelevant curriculum proposals "developed by stodgy academics [and

administrators] with no real sense of what goes on in the classroom" (p.28). An intellectual in Kohl's (1983) terms, is "influenced by thought, speculation and the unity of theory and practice" (p.30). In his words:

> An intellectual is someone who knows about his or her field, has a wide breadth of knowledge about other aspects of the world, who uses experience to develop theory and questions theory on the basis of further experience. An intellectual is also someone who has the courage to question authority and who refuses to act counter to his or her own experience and judgement (Kohl, 1983, p.30) (my emphases).

Hull (1984) argues that even though teachers have such knowledge its currency is circumscribed because of the nature of communication processes in schools in which teachers are unaccustomed to talking in detail about what they do, at least in wholistic terms. When given the opportunity, Yonemura (1982) found teachers to be capable, through dialogue, of bringing "their intuitive knowledge to consciousness for critical evaluation" (p.240). This was not without the initial difficulties. Encouraging teachers to talk about their work resulted in an amount of information that was initially overwhelming, to the extent of teachers almost "drowning in it" (p.244). The explanation advanced for this was that:

> Suspending one's evaluative judgemental activities can leave one temporarily toppled over, lost for words. In education, we are not used to dealing with teaching wholistically as practitioners experience it, but in fragments held up for scientific analysis, so the novelty of this perspective is itself enough to give the beginning phase of the relationship a feeling of being off balance or out of control (p.244).

The experience of having teachers invade one another's physical and psychological workspace was unnerving for them.

> The peer teachers initially believed that this relationship, being nonhierarchical, would be informal and friendly, non-competetive, with no losers and winners. But as Argyris and Schon (1974) have demonstrated, in our highly competetive society it is not easy to lower one's guard and open oneself up in ways that make one vulnerable ... (p.243).

Yonemura's (1982) way of tackling this was to require teachers to reflect critically upon their encounters with one another. By questioning themselves

and their actions in the way Goldhammer (1969) suggests in the post-conference analysis, peer teachers examined tapes of their own conferences, and were able to gradually recognise when they were being anxious and when they were being accepting and non-judgemental.

Another aspect is that of shaking loose the remnants of the entrenched bureaucratic legacy of teachers ceding the "right to know" about teaching to the "experts". The longstanding separation of those 'who know' from those 'who do' in teaching, amounts to an enforced division of labour. Its effects become clear enough when teachers are invited to pose problems about (i.e. problematise) their teaching through clinical supervision. Bullough, Gitlin and Goldstein (1984) express it thus:

> The conception-execution dichotomy resulting from the experts' place in curriculum indicates that, for the most part, teachers will address 'how to' rather than 'what' questions. Implicit in this role definition is a reduction of teaching to the management of persons and things. Teaching, understood as management, is primarily concerned with the proper application of rules and procedures to effect desired, pre-established changes in student behaviour. This emphasis makes the work of the teacher essentially technical in nature, which further limits the necessity for reflective thought about ends (p.350).

At issue here, is what constitutes the domain of the problematic in teachers' inquiries into teaching and schooling and how clinical supervision might be used. There is agreement that the arena of the problematic involves "suspend(ing) judgement about some aspect of the teaching situation, ... consider(ing) alternatives to established practice ...[and] raising doubts about what, under ordinary circumstances, appears to be effective practice" (Tom, 1985, p.37).

While the definitional aspects of the problematic can be squared away, the practicalities are another matter. The object of teachers' inquiries and doubts might range from:

> ... accepted principles of good pedagogy, typical ways teachers respond to classroom management issues, customary beliefs about the relationship of schooling and society, or ordinary definitions of teacher authority (p.37).

What is held to be problematic in teaching can, therefore, vary from teaching strategies, the goals of education, the taken-for-granted subject matter of teaching, or the ethical, moral and political nature of teaching itself.

Given excessive past pre-occupations with the purely technical ends of teaching and the effect this has had on pushing teaching in the direction of becoming a "technology", Tom (1985) argues for a "broad view of what should be seen as problematic" (p.43) by acknowledging the socially constructed nature of educational phenomena and the need to be attentive to the assumptions made about education and the important human purposes it serves. He claims:

> ... the arena of the problematic ought to be as wide as possible, the model of inquiry ought to unite knowledge and action, and the status of all educational phenomena ought to be seen as socially constructed (p.43).

Under these circumstances:

> ... the only existent model which significantly helps the teacher and the teacher educator unite issues of knowledge and action is clinical supervision, and then only if clinical supervision is imbued with a spirit of critical inquiry (Smyth, 1984b; 1984c). Without such a spirit of critical inquiry, clinical supervision can be used [only] to raise purely technical questions about classroom instruction (p.43).

When teachers begin to problematise the nature of their work as well as the contexts in which they perform it, there is a closer unity between the theory and practice of teaching. They are able to take a position in the debate over who has the right to define what counts as knowledge about teaching, and how that knowledge is to affect action. As Carr (1982) expressed it, they challenge the:

> ... deeply ingrained image of educational theory as a miscellaneous collection of maps, guides, itineraries and rule-books produced in some far-off land and then exported to the 'world of practice' so that its inhabitants can understand where they are, what they are doing and where they are supposed to be going (p.26).

According to Carr (1982) the traditional theory-practice relationship in teaching, where practice is construed as being subservient to theory, conceals the possibility that teaching practitioners: "... already possess a map of

their situation, and rules and guiding principles about what they are trying to achieve" (p.26). Carr (1982) claims that when teachers become enamoured with the possibilities of theorising their own practice, through processes like clinical supervision, the dichotomous view of the relationship between theory and practice in teaching becomes irrelevant:

> Once it is conceded that to undertake a practical activity like education, involves engaging in some recognisable set of practices, and once it is acknowledged that these practices are not ... free from theoretical preconceptions, then it becomes apparent that 'educational theory' is not something that is created in isolation from practice and then has to be 'applied', 'implemented' or 'adopted' through a 'sustained effort' on the part of the two reluctant parties. 'Education' is not some kind of inert phenomenon that can be observed, isolated, explained and theorised about. There are no 'educational phenomena' apart from the practices of those engaged in educational activities, no 'educational problems' apart from those arising from these practices and no 'educational theories' apart from those that structure and guide these practices. The only task which 'educational theory' can legitimately pursue, then, is to develop theories of educational practice that are intrinsically related to practitioners' own accounts of what they are doing, that will improve the quality of their involvement in these practices and thereby allow them to practice better (p.26).

At the heart of Carr's argument is the belief that for far too long there has been much muddled thinking about the relationship between theorists and practitioners, spurred on largely by the fallacies that those who 'theorise' are uninvolved in the 'practices' of education, and conversely those who 'practice' are untouched by 'theory'. Carr's (1984) argument is compelling:

> For this to stand any chance of being true, teaching would have to be some kind of mechanical behaviour performed by robot-like characters in a completely unthinking way. But teaching is not like that. Rather, it is a consciously performed activity that can only be made intelligible by reference to the quite complex ways of thinking in terms of which teachers understand what they are doing. And it is this 'way of thinking' that provides the theoretical background against which teachers explain and justify their actions, make decision and resolve real problems. Anybody engaged in teaching, then, must already possess some 'theory' which guides their practices and makes them intelligible (p.1).

Blaming the Victim[1].

None of what I have said so far is to suggest that viewing teaching problematically will come easily, or is a comfortable process. Furthermore, there is no shortage of skeptics prepared to scornfully accuse collegial and collaborative processes like clinical supervision that seek to promote a dialectical relationship between the theory and practice of teaching, as being doomed. Their argument is that the democratic conditions necessary for clinical supervision do not exist in schools, and that as a consequence, it is not surprising that it doesn't work. McFaul and Cooper (1984), for example, claim that teacher isolation within the school, fragmentation among teaching staff in terms of experience, and frustration among teachers because of a lack of time, are all contributing reasons preventing clinical supervision from catching on.

My concern about McFaul and Cooper's case is that it rests on the unfounded, or at least unquestioned assumption that in order to introduce processes like clinical supervision into schools, you first need a healthy organisational climate. What rationalist viewpoints like this fail to grasp is that processes like clinical supervision, rather than requiring utopian pre-conditions, in fact, have the capacity within them to enable school people to generate the kind of circumstances that can lead a school towards becoming a more reflective, enlivening and vibrant kind of place. To argue, as McFaul and Cooper (1984) do, that clinical supervision is impossible because of the absence of certain idealistic conditions, is like saying that children of the poor are so because they lack an education and cannot read or write! The analogy is interesting, because in both cases there is a blaming of the victim.

Rather than arguing that clinical supervision is unlikely to work in schools because of the absence in schools of an environment congruent with sustained professional development, it would be more productive to move beyond the victim blaming rhetoric to ask more penetrating questions of why it is

that schools are effectively precluded from engaging in uplifting processes like clinical supervision? On a broader front, I suspect the issue is similar in nature to the reform of wider social issues like inequality, injustice and discrimination. On these fronts we are constrained in ways we do not even know about - we are victims of our own limited consciousness.

Because of our inability to transcend and question the efficacy of our taken-for-granted practices and the ideology and axiology that sustain them, we resort to examining issues in tired old ways. Discussion about the alleged unworkability of clinical supervision, for example, tends to be in individualistic terms, which portrays teachers as being unprepared to challenge one another, or as implicitly endorsing mediocrity in teaching through an unwillingness to act reflectively. Lortie (1975) had some harsh words about teachers' 'reflexive conservatism' when he described them as not having a tradition of thinking carefully about their professional beliefs and practices, and not having a history of regularly testing the validity of their actions. Wehlage (1981) also found that even when teachers are provided with 'enabling time' to reflect on their practices, teachers tended not to conceive their work in problematic terms, but rather as procedural tasks to be enhanced. According to McFaul and Cooper (1984) even when provided with the clinical supervision framework and the opportunity to work with peers, teachers were still reluctant to collect classroom data and to engage in the task of penetrating it for meaning.

I personally find such portrayals that rely on the presumed personal inadequacies of teachers to be unhelpful, not to mention a trifle arrogant. In a more positive vein I am inclined towards Yonemura's (1982) view that teachers have a long history of oppression to be overcome before they are fully able to accept that valid knowledge about teaching does not reside only in outside experts. Once teachers begin to re-learn the sobering fact that they can have theories of action that amount to valid and plausible knowledge

about teaching, then they will have begun to overcome the institutional barriers that have hitherto inhibited them from developing and publicly articulating repertoires about 'what works in teaching'.

Walker (1971) was sensitive to the individualistic limitations of clinical supervision and of the need to acknowledge the structural dimensions in schooling when he reviewed Goldhammer's (1969) original text:

> This book may well become influential in the future ... for the ideas are powerful and persuasive, and presented in a form that allows extension and adaptation. The weaknesses ... lie in the psychological nature of its approach, for there are limits to which changing individual teachers makes for better education. There are times when we have to kick the system, to change the schools, not the teachers; but I think Robert Goldhammer realises the moral problems that underlie his concept of supervision ... (p.78).

To claim, therefore, that clinical supervision, or processes like it, do not work in schools because of disaffected or incapable teachers, is to ignore the overwhelming and systematically distorting effect of educational structures themselves. Where clinical supervision does not work out, we need to move beyond blaming the teacher (-as victim) to a wider examination of what is at work in schools generally, that prevents self-reflective processes like clinical supervision from gaining a hold. We need to consider the structural character of schooling, and within it the cultural/historical legacies that create the contradictions that effectively thwart reflective processes.

In this regard Bullough, Gitlin and Goldstein, (1984) argue that there are two inherited aspects of our culture that have powerfully shaped teachers' roles and which serve to inform the way teachers interpret and understand the nature of their work. They label these "the tradition of public service" (or the unquestioning submission to bureaucratic authority) and the ideology of "technocratic mindedness" (or the supremacy of technical rational values). We hardly need reminding of the extensive body of literature (Karier, 1982) that portrays the teacher as historically conforming to the image of the public servant. What this literature says is that for reasons of efficiency and

control there are dangers in allowing teachers the power to establish the ends towards which they work; even their freedom to work out instructional methods is limited only by the inability of science and research to define and prescribe the most effective strategies. Even though the humanistic and democratic language used generally tends to mask it, teachers are still often construed as being submissive, unquestioning, as having no political interests beyond the classroom, and concerned only with the implementation of somebody else's agendas. This is part of the technocratic ideology that regards schooling as essentially value free, and where protracted social questions relating to morals, ethics and politics are construed as nothing more than another species of technical decisions to be implemented by instrumentally-thinking bureaucrats (Bullough, Gitlin & Goldstein, 1984, p.343). This unquestioning faith in the ability of educational experts to solve the problems of schooling means that there is a yawning chasm between those who know about teaching, and those who do it. Under these conditions where the "expert" tenders to the "inexpert" it is not surprising that there is a wide discrepancy between the opportunities afforded teachers to question the efficacy of what they do, and the disproportionate influence outside experts are able to weild psychologically and bureaucratically over the work of teachers (Smyth, 1984d).

It is not, therefore, hard to see how a process like clinical supervision that involves personal disclosure of teaching aspirations and the collection and analysis of evidence about that teaching, could be used by 'outsiders' to the disadvantage of teachers. Understandably, teachers regard it with a somewhat jaundiced eye. Rather than investing teachers with the capacity to gain more control over their own professional lives and destinies, clinical supervision can become a quite sinister form of teacher surveillance. To re-phrase some remarks made by Hargreaves, we have become so accustomed to the rather unsubtle attempts by school systems " to storm the front gates of the

citadel of teacher autonomy, that its quiet entry through the backdoor [via processes like clinical supervision] has been virtually undetected" (Hargreaves, 1982, p.258). None of this is to suggest there is anything wrong with the form of clinical supervision; rather it is an indictment on how it has been misused.

Conclusion

At the start of this paper I re-visited some of the original ideas of teacher autonomy, collegiality and collaboration that continue to stand as hallmarks of the original Goldhammer (1969) and Cogan (1973) notion of clinical supervision. I alluded to the mischevious distortions in which clinical supervision has been co-opted by the efficiency movement as a way of delivering a service to teachers deemed in need of corrective assistance. Adherents to this view of clinical supervision seem to be captivated by its potential to coerce teachers irrespective of transformative change. What domesticated versions of clinical supervision like this deny are the empowering manifestations of the process embodied in inquiring reciprocal relationships. Where bureaucratic and hierarchical power is weilded so as to generate forms of dependency of the kind where one group knows 'better' what is 'good' for another, the only result can be nostrums that represent prescriptions about teaching.

Claims that peer clinical supervision is unworkable because of the less than optimal conditions in schools, become entrapped in the unhelpful self-fulfilling prophecy that schools will remain the way they are, because of the way they are! I would claim that if ownership and control of clinical supervision is genuinely invested in teachers, then they have the self-critical capacities to ultimately transcend the technical aspects of their teaching, and begin to use it to raise larger questions about the 'ends' of teaching and the institutional frameworks and structures within which it

occurs. The job has barely been started of devising ways of moving clinical supervision outside of itself (Smyth, 1986b). Where clinical supervision has been ineffectual, questions need to be posed by participants themselves, evidence gathered, and dialogue commenced of a kind that reflects:

- why is this so?
- need this be?
- what are the impediments?
- how can we begin to overcome the restraints?
- how have others surmounted similar obstacles?
- where can we realistically begin now?

Above all, it means teachers moving from a passive, dependent and adaptive (Fay, 1977) view of themselves and the practicalities of their teaching, to one in which they are able to "analyse and expose the hiatus between the actual and the possible, between the existing order of contradictions and a potential future state" (Held, 1980, p.22). In short, it involves teachers becoming oriented to the development of an enhanced 'consciousness' of their own circumstances and political involvement in working towards actively changing the frustrating and debilitating conditions that characterise their work lives (Smyth, 1986c).

Notes

1. I am indebted to Robby Fried (1980b) for helping me to see the oppositional nature of empowerment versus delivery of a service.

2. Argument here follows Smyth (1986).

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